

CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) REQUEST FOR WAIVER OF OVERPAYMENT RECOVERY - WITHOUT FAULT

NAME OF OVERPAID PERSON

SOCIAL SECURITY NUMBER

1. Do you believe the overpayment was not your fault and you cannot afford to pay the money back and/or it is unfair for some other reason? ☐ YES ☐ NO
- 2.A. Why did you think you were due the overpaid money? _____

- B. Why do you think you were not at fault in causing the overpayment or accepting the money? _____

- 3.A. Did you tell us about the change or event that made you overpaid? ☐ YES ☐ NO
If No, why didn't you tell us? _____

- B. If Yes, how, when, and where did you tell us? If you told us by phone or in person, who did you talk with and what was said?

- C. If you did not hear from us after your report, and/or your benefits did not change, did you contact us again? ☐ YES ☐ NO
4. Have you been overpaid on CAPI before? ☐ YES ☐ NO
If Yes, why were you overpaid before? If the reasons for your previous and current overpayments are similar, explain what you did to try to prevent the present overpayment.

- 5.A. Do you have any of the overpaid checks or money in your possession (including in a savings or any other type of account)? ☐ YES ☐ NO
If Yes, return the amount in your possession to your county welfare department.
- B. Did you have any of the overpaid checks, or their proceeds, in your possession at the time you received the overpayment notice? ☐ YES ☐ NO
If Yes, explain why you believe you should not have to return this amount.

6. Are you now receiving CAPI, SSI, or other public assistance? ☐ YES ☐ NO
If Yes, what type?

I declare under penalty of perjury under the laws of the State of California that the answers I have given are correct and true to the best of my knowledge.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

DATE

RESIDENCE ADDRESS:

PHONE NUMBER

CITY

STATE

ZIP CODE